OVERDOSE RESPONSE PROGRAM (ORP)
NALOXONE USE REPORT

Refill is needed because (check one):

☐ Lost ☐ Stolen ☐ Confiscated ☐ Expired ☐ Administered

→ **If administered, complete the remainder of the form.**

Date of naloxone administration: _____

County where administration took place: _____

Method of administration:

☐ Intramuscular Syringe ☐ Evzio auto injector

☐ Intranasal ☐Narcan Nasal Spray

☐Other:

Did you or someone else report the overdose to the Maryland Poison Center? ☐ Yes ☐ No ☐ Don't know

→ If yes, date reported: _____

IF YOU ADMINISTERED THE NALOXONE		
Your information		
Age	Gender	Relationship to the recipient ☐Friend ☐Partner ☐Client ☐Family ☐Stranger ☐Law Enforcement
Naloxone recipient's information (if known)		
Age	Gender	
Substances used at the time of the overdose (check all that apply): ☐ Prescription opioids: (type if known) _____ ☐ Heroin ☐ Cocaine/Crack ☐ Methamphetamines/Speed ☐ Alcohol ☐ Benzodiazepines ☐ Barbiturates Other:		
Overdose signs they exhibited (check all that apply) ☐ Loud snoring/gurgling ☐ Breathing very shallow or not at all ☐ Body very limp ☐ Unconscious ☐ Unresponsive ☐ Skin pale/gray, clammy ☐ Lips/fingertips blue ☐ Pulse slow/no pulse Other:		
CONTINUE Complete the remainder of the form if you administered Naloxone to someone else		

IF SOMEONE ADMINISTERED NALOXONE TO YOU		
Your information		
Age	Gender	Relationship to person who administered ☐Friend ☐Partner ☐Client ☐Family ☐Stranger ☐Unknown
Substances used at the time of the overdose (check all that apply): ☐ Prescription opioids: (type if known) _____ ☐ Heroin ☐ Cocaine/Crack ☐ Methamphetamines/Speed ☐ Alcohol ☐ Benzodiazepines ☐ Barbiturates Other: _____		
Person who administered information (if known)		
Age	Gender	
END Form complete if someone administered Naloxone to you		

How many doses did you administer? ____

Where did the overdose take place? (check one)
- ☐ Apartment/house
- ☐ Healthcare facility
- ☐ School
- ☐ Restaurant
- ☐ Outdoor public space
- ☐ Outdoor private space

Other: _____

How recently did you attend an Overdose Response Training? (check one)
- ☐ Within the past week
- ☐ Within the past month
- ☐ 1-3 months ago
- ☐ 3-6 months ago
- ☐ 6 months to 1 year ago
- ☐ Over 1 year ago

Which actions did you take to respond to the overdose? (check all that apply)
- ☐ Sternum rub
- ☐ Called 911 or instructed someone else to call 911
- ☐ Rescue breathing
- ☐ Chest compressions
- ☐ Placed the person in recovery position

Other: _____

How confident did you feel in your ability to respond to the overdose?

Not at all	A little	Mostly	Completely
☐1	☐2	☐3	☐4

How well do you feel your overdose training prepared you to respond?

Not at all	A little	Mostly	Completely
☐1	☐2	☐3	☐4

Did the individual survive?
- ☐ Yes
- ☐ No
- ☐ I don't know

Did the individual experience any side effects after Naloxone? (select all that apply)
- ☐ Vomited
- ☐ Had a seizure
- ☐ Felt sick/feelings of withdrawal
- ☐ Became angry/upset/confused
- ☐ None

Other: _____

Did the individual go to the hospital/emergency department?
- ☐ Yes
- ☐ No

Did EMS provide care?
- ☐ Yes
- ☐ No
- ☐ I don't know

Did the individual become conscious *before* EMS arrived?
- ☐ Yes, they became conscious ____ minutes after I administered the first dose of Naloxone
- ☐ Yes, they became conscious ____ minutes after I administered the second dose of Naloxone
- ☐ No

Were police officers present?
- ☐ Yes
- ☐ No
- ☐ Don't know

If yes, how would you describe the interaction?
- ☐ Positive
- ☐ Neutral
- ☐ Negative

Additional information:

Please indicate the ORP or Training Entity completing this form: _____

Complete to the best of your ability and send to the Overdose Response Program at the Behavioral Health Administration by email: Dhmh.naloxone@maryland.gov or fax: 410-402-8601.